Medical Missions, Surgical Education, and Capacity Building

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Campbell and colleagues 1 provide additional evidence that a highly structured short-term experience in a resource-limited environment enhances training of North American surgical residents. In this case, residents worked with Operation Smile, which has provided high-volume humanitarian surgical care in many low-income countries for 25 years. Trainees from high-income countries have also reflected that similar experiences provide a unique way of meeting required competencies. As Campbell and colleagues state, surgical trainees of this generation have an increasing interest in global experiences, and more training programs are providing these opportunities.

As these programs proliferate, we want to challenge the surgical community to move beyond the needs of North American trainees to consider the educational needs of students, residents, faculty, and health personnel in host institutions and hospitals. Local specialist surgeons and anesthesiologists are often few, overstretched, and battle extreme resource limitations on a daily basis. The priority and feasibility of meeting needs varies in every context, but a top priority stated by partners is the development of local capacity. 2,3 This can include bedside and intraoperative teaching with short or long-term visiting faculty, skills-based workshops, sharing of educational materials, or collaborative research training and projects.

Local feedback is essential to evaluate any program sending North American trainees to a limited-resource environment. We must inquire if the experiences of our trainees detract from those of local clinicians rather than complement them. Reciprocity in such arrangements might not be exact; for example, it is not possible for overseas trainees to practice hands-on in the United States. However, local training needs can be met in other ways, ideally in the home environment, but some programs also incorporate well-structured short-term international experiences for trainees and faculty overseas.

Short-term missions are one of many strategies to meet surgical needs in resource-limited environments. 4 One challenge, from a public health perspective, is that because these missions provide otherwise limited specialty surgical care, they, by necessity, tackle elective nonfatal conditions. The majority of the preventable surgical deaths result from injuries, obstetrics, and other surgical emergencies. These are more difficult to address through short-term missions.

Some question whether global health has developed as a purely “Northern” concept and remind us to be mindful in our engagement with overseas partners. 5 Our infectious disease colleagues have developed ethical codes of practice for trainees who engage in research and patient care for short trips. 6 Some of these guidelines are applicable to surgical programs.

Global health experiences can be an essential component of modern surgical training. We believe the end goal is to reduce disparities in surgical care worldwide; therefore the same (or greater) priority must be given to development of local skills at partner programs and hospitals as we give to our North American trainees’ experiences. In addition, the forecasted general surgeon shortage in the United States will create a strong “pull-effect” for surgeons in low-income countries. Investing in local training might be our best way to minimize this brain drain by improving the local educational and working environment.

REFERENCES

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